

Name
in
Full

Jacob Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND.

Died at <u>Centreville</u>		County <u>St. A. Co</u>	MARYLAND		
Date of death <u>1906 Oct 18</u>	Month <u>Oct</u>	Day <u>18</u>	Years <u>21</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>St. A. Co</u>			
Occupation <u>Sgtor</u>	Where Residing if not at place of death <u>Centreville</u>				
Married, Single or Widower <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>Endrey Anderson</u>	Father's Birthplace <u>St. A. Co</u>				
Mother's Maiden Name <u>Mary Ellen Hawkins</u>	Mother's Birthplace <u>St. A. Co</u>				
Name of person giving information <u>Endrey Anderson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pleurisy

94

How long

2 months

Immediate

Empysema

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

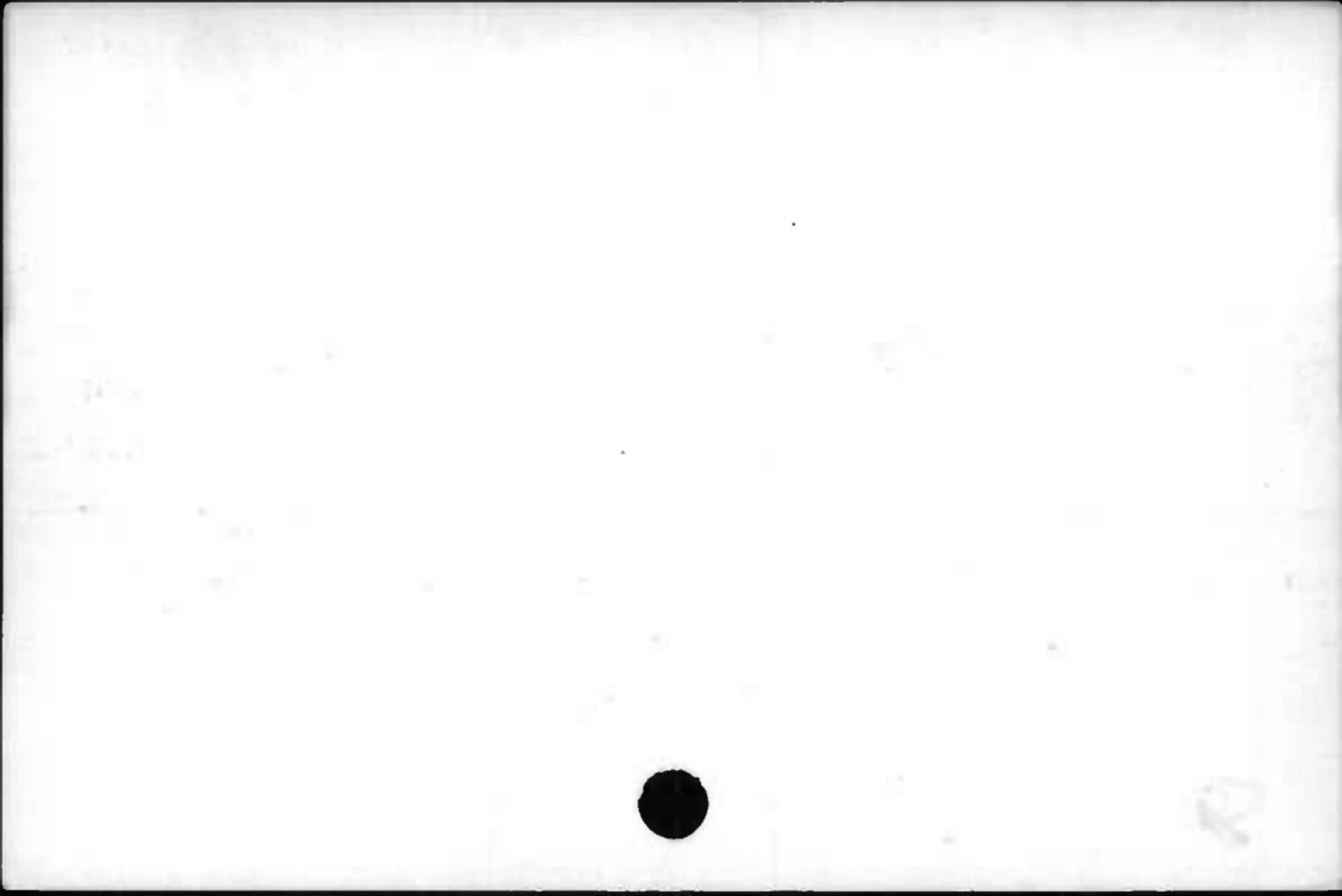
Address

Johnon Dracell M.D.

Centreville
Queen Anne Co., Md.

Accident or Suicide?

no



Name
in
Full

Raymond Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

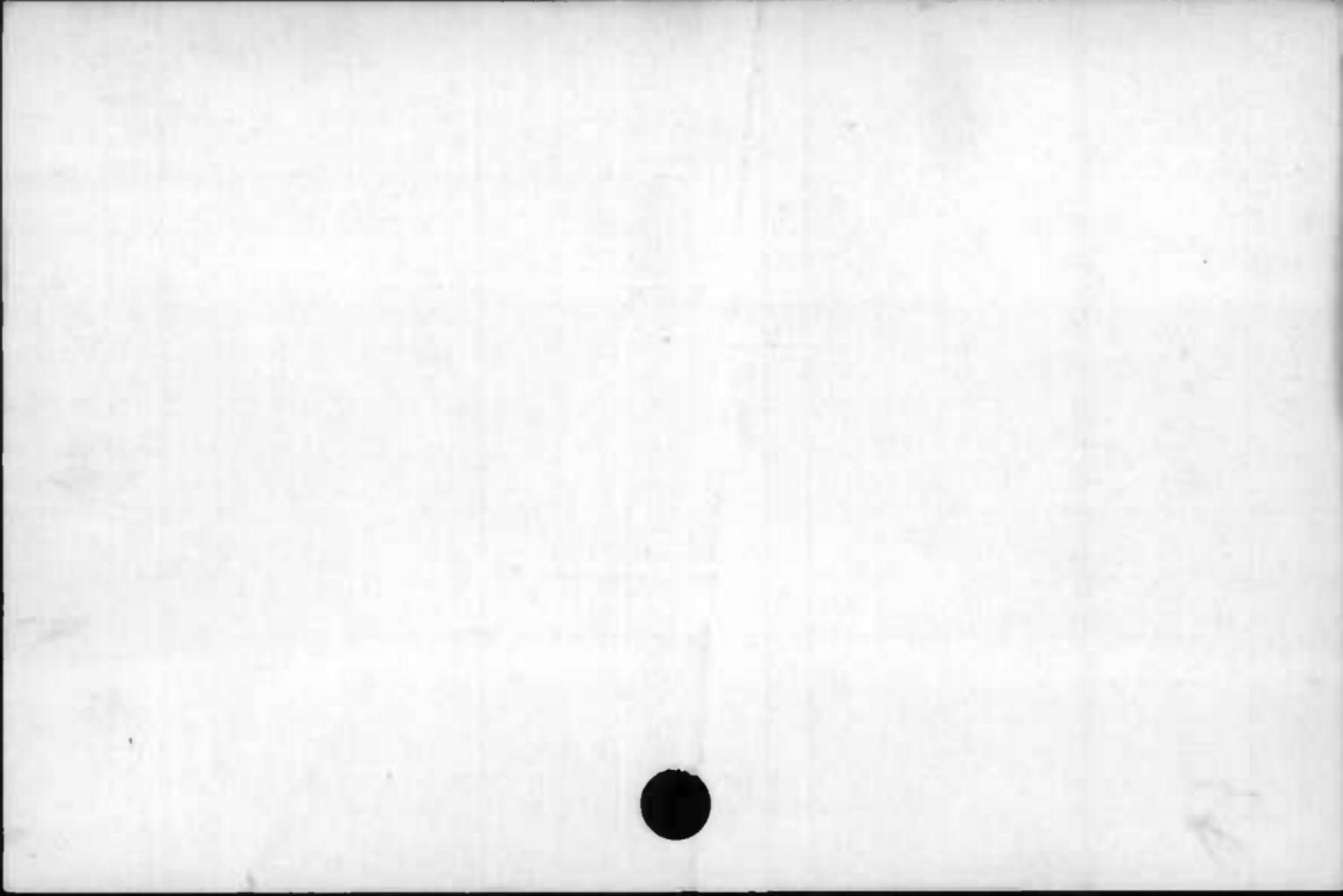
Died at	Town	County	MARYLAND	
Died at	Hicks Store	Queen Anne	Months	Days
Date of death	Month	Day	Years	
1904	October	29	Age	7
Sex	Male	Color or Race	White	Birth-place
Occupation	Lehman	Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband		
Father's Name	Jacob B. Baker	Father's Birthplace	Bellevue	
Mother's Maiden Name	Ella Leaman	Mother's Birthplace	Queen Anne Co	
Name of person giving information	Henry A. Baker	How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Liporrhoea	①	How long	One month
Immediate	Heart paralysis	②	How long	Indefinite
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Howard R. Hopkins	
		Address	Queenstown, Md.	

8
Accident or Suicide?



Name
In
Full

Lindsay Bordley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Stevensville	County	MARYLAND							
Date of death	1906	Month	Oct	Day	13 Saturday	Age	about 60	Years	Months	Days
Sex	Woman	Color or Race	Cold	Birthplace						
Occupation	Wash woman					Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Tom Bordley							
Father's Name	Doris Brown					Father's Birthplace				
Mother's Maiden Name	Doris Brown					Mother's Birthplace				
Name of person giving Information	Marion N Farmer					How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* 154 How long

Immediate *Asphyxia* 2 or 3 months How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

W. S. Henry

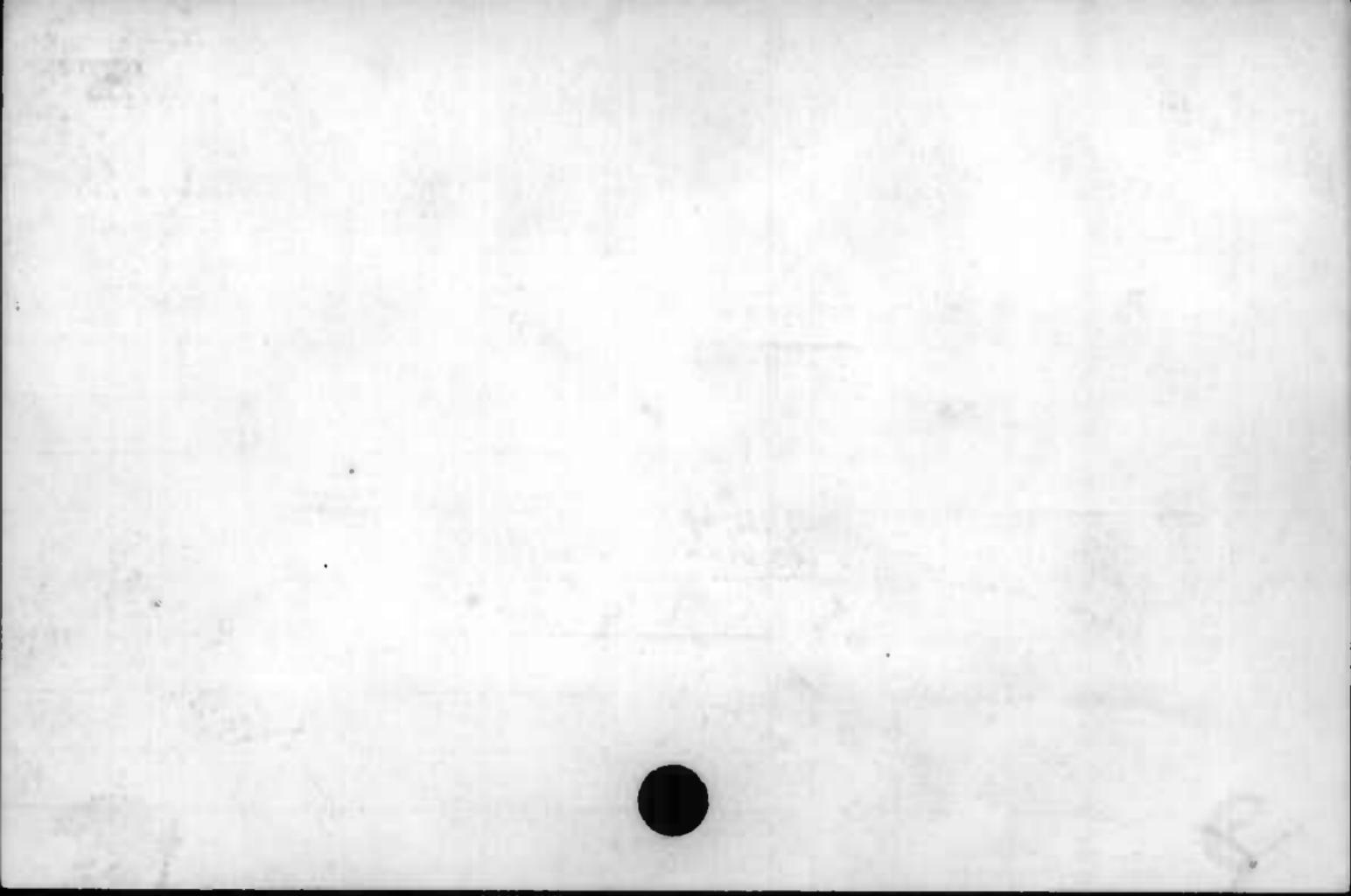
Address

Stevensville

2000

8

Accident or Suicide?



Name
in
Full

Elias Bryson

CERTIFICATE OF DEATH

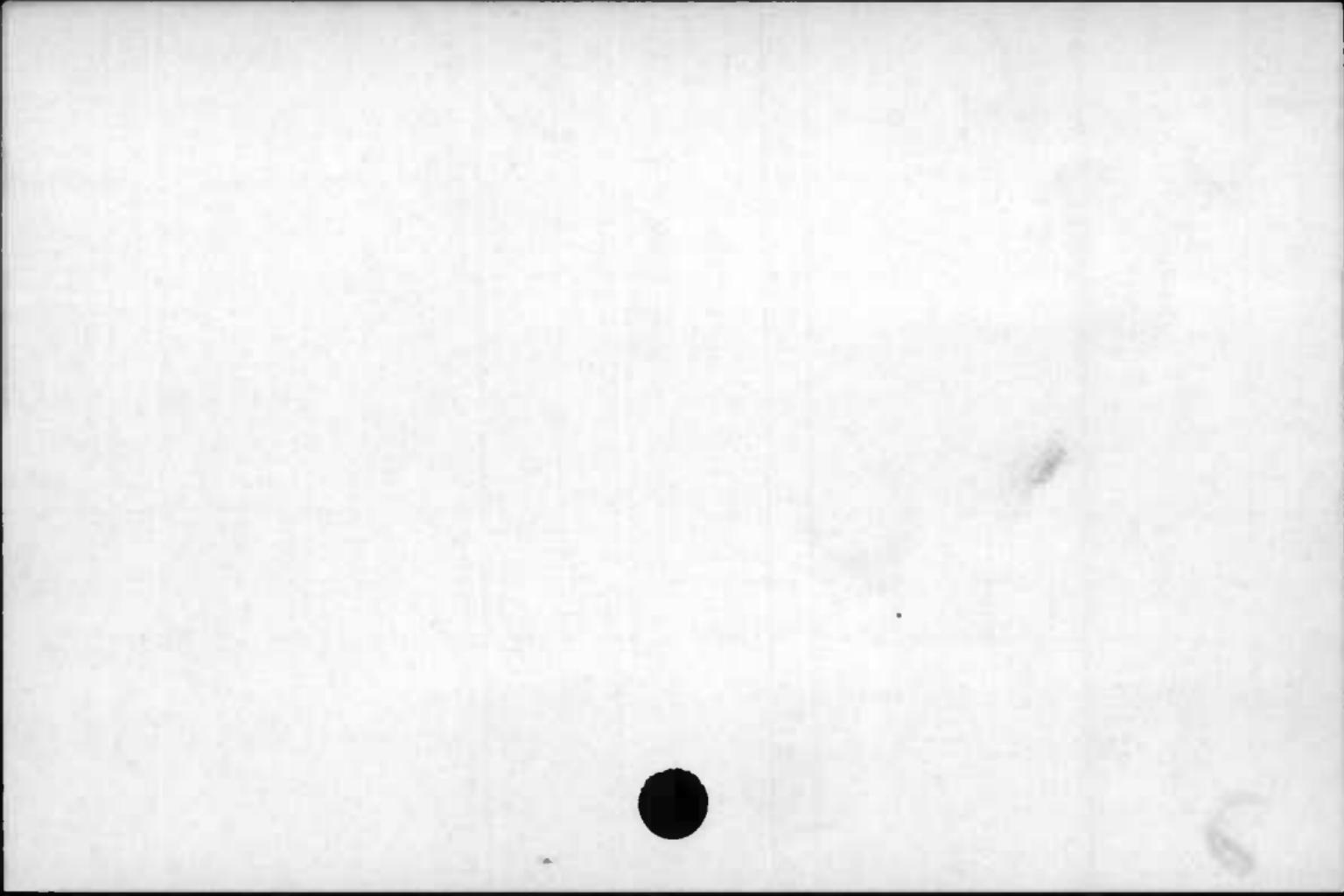
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Brownsville			
Father's Name	Married Anna Bryson				
Mother's Maiden Name					
Name of person giving information	Chas. F' Bryson				
Cousin					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	(120)	How long	5 or 6 yrs
Immediate	Urinary		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	M. J. O'Kearney, M.D.
			Address	10 Mulberry Street Newark, N.J.
Accident or Suicide?	no			



Name
in
Full

Mrs Francis Loaney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	near Cannanbulka	2 also			
Date of death	Month	Day	Years	Months	Days
1906	Oct	27	62		
Age	Color or Race		Birth-place		
Female	White		near Cannanbulka		
Occupation	Where Residing if not at place of death				
Retired	near Cannanbulka				
Married, Single or Widowed	Name of Wife or Husband				
Widow					
Father's Name	Lane		Father's Birthplace	Talbot	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	G J Sparks		How related to deceased	Son & Law	

CAUSES OF DEATH

Primary

Bright's Disease

(120)

How long

Several years

Immediate

Sparks

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

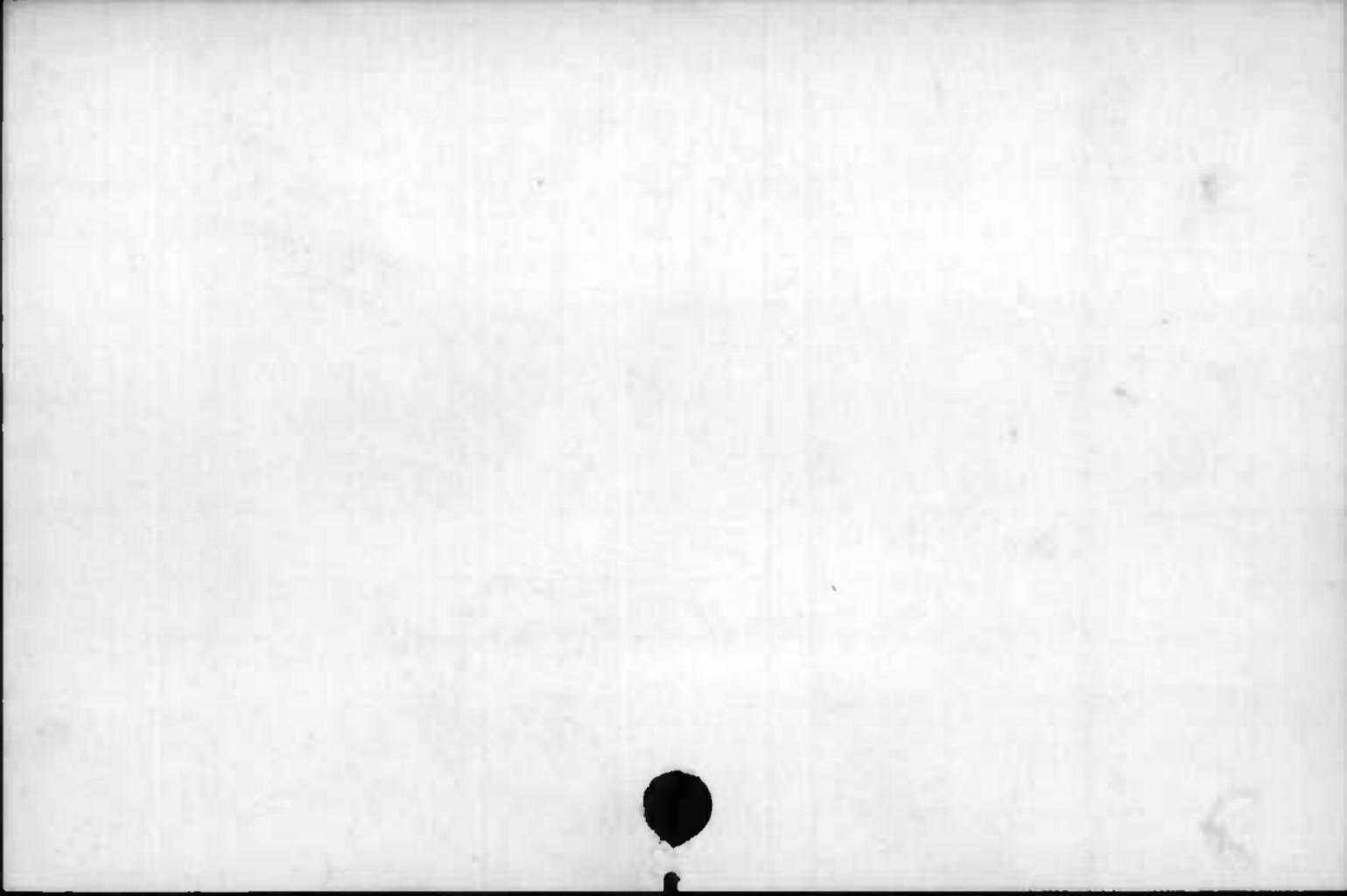
Signature of Physician

Address

Howard R. Hopkins
Presumptive
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Hester A. Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Near Barclay	Queen Anne	Months	Days
Date of death	1906 10	Day	Years	Age
Sex	Female	Color or Race	71	-
Occupation	—	Where Residing if not at place of death	Birth- place	Delaware
Married, Single or Widowed	Married	Name of Wife or Husband	William T. Fields	—
Father's Name	Taylor Meredith	Father's Birthplace	—	—
Mother's Maiden Name	—	Mother's Birthplace	—	—
Name of person giving Information	William T. Fields	How related to deceased	Friend	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's disease

How long

2 years

Immediate

Signature of
Physician

ADDRESS

Are the name, age, sex, color, date
and place correctly given above?

Yes

W

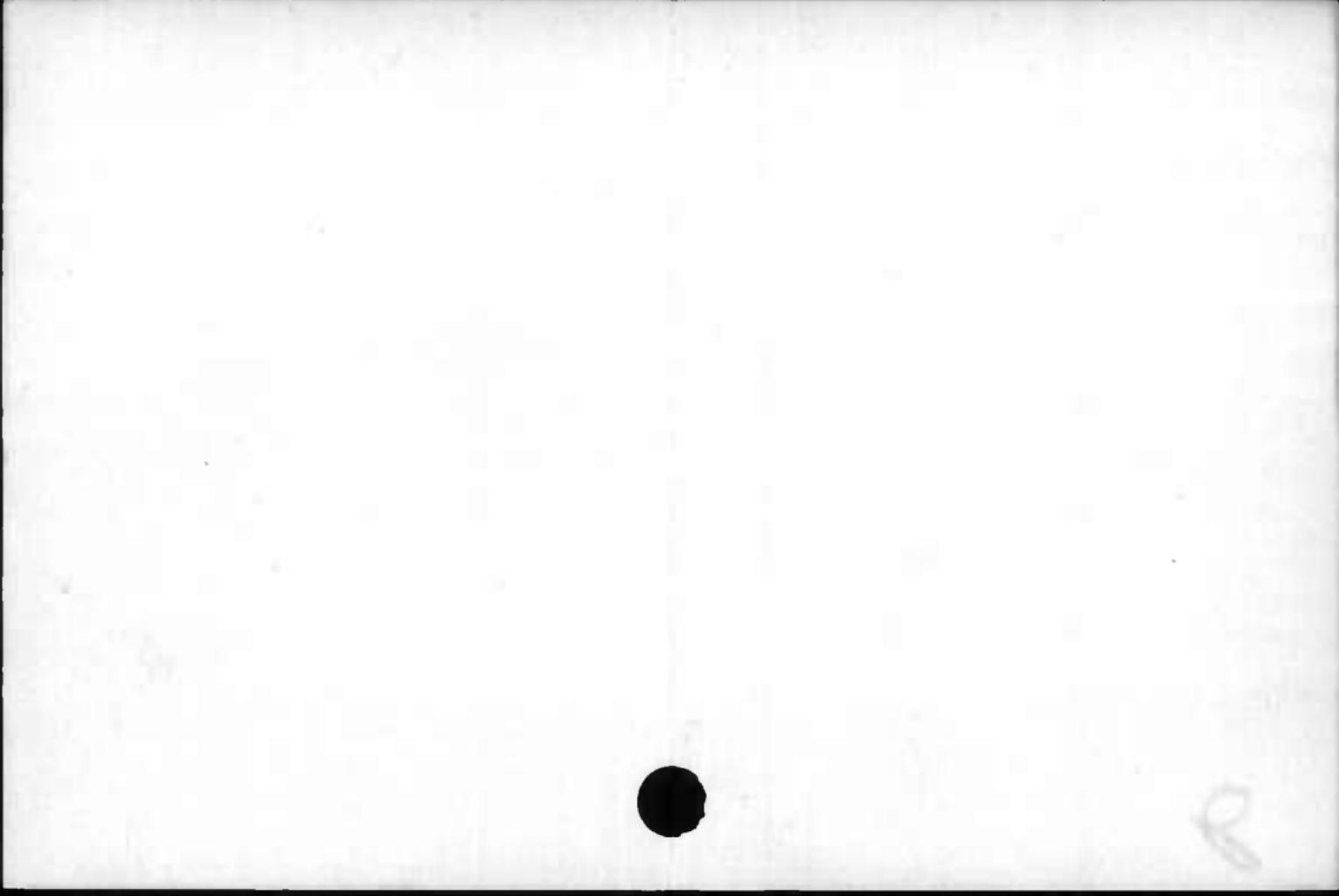
How long

—

P. Smith, M.D.
Emporia, Va.

8

Accident or Suicide?



Name
in
Full

Edith May Forbes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Place	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Debosed
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Fred Forbes				
Mother's Maiden Name	Emma E Bullen				
Name of person giving information	Fred Forbes				
How related to deceased Father					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Diphtheria
Membranous Croup

⑨

How long

3 days

Immediate

Suffocation

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

Wm. Henry
Stevensville
Md

Accident or Suicide?

No

0-78-10-16

Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles N. Frumpton

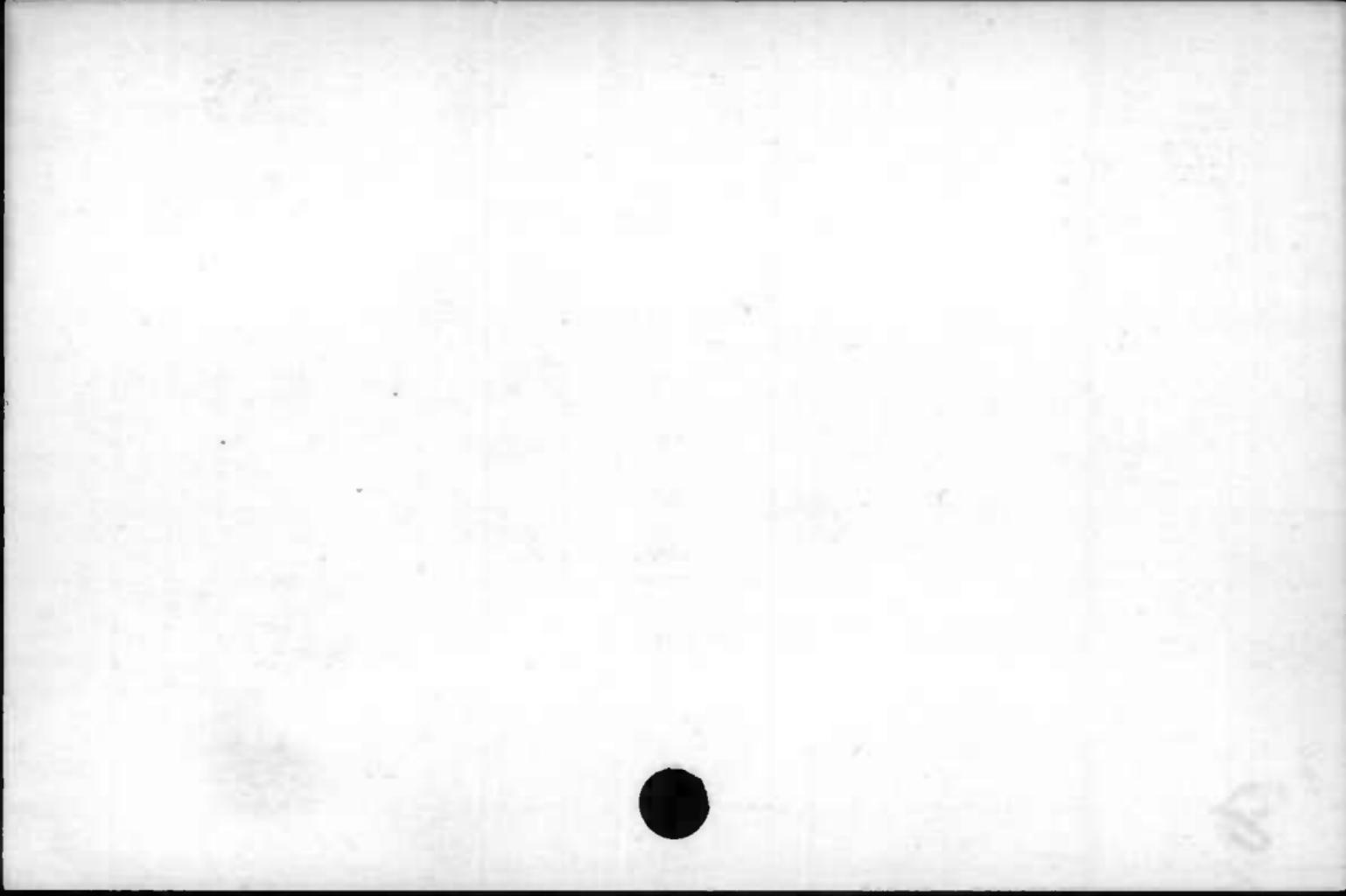
CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County		
Date of death	Month	Day	Years	Months	Days
1906	Oct.	15	44		
Sex	Male	Color or Race	White	Birth-place	St. A. Co.
Occupation	None	Where Residing if not at place of death			St. A. Co.
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James R. Frumpton	Father's Birthplace			Talbot Co.
Mother's Maiden Name	Emma V. Frumpton	Mother's Birthplace			St. A. Co.
Name of person giving information	James R. Frumpton	How related to deceased			Father

CAUSES OF DEATH

Primary	Pseudo Membranous Laryngitis		How long	2 days
Immediate	Syncope (88)		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Morris Jacobson	
		Address	Buckeville 2 A. 60	
Accident or Suicide?	W			



Medford Gardner -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestertown		County Queen Anne's		MARYLAND	
Date of death 1906	Month Oct	Day 18	Years	Months	Days 10
Age					
Sex Male	Color or Race Caucasian	Birth-place West D.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Edward Harris Gardner	Father's Birthplace West D.				
Mother's Maiden Name Hattie Virginia Ewing	Mother's Birthplace " "				
Name of person giving Information Edward Gardner	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mania and 51

How long

today

Immediate

General Weakness

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

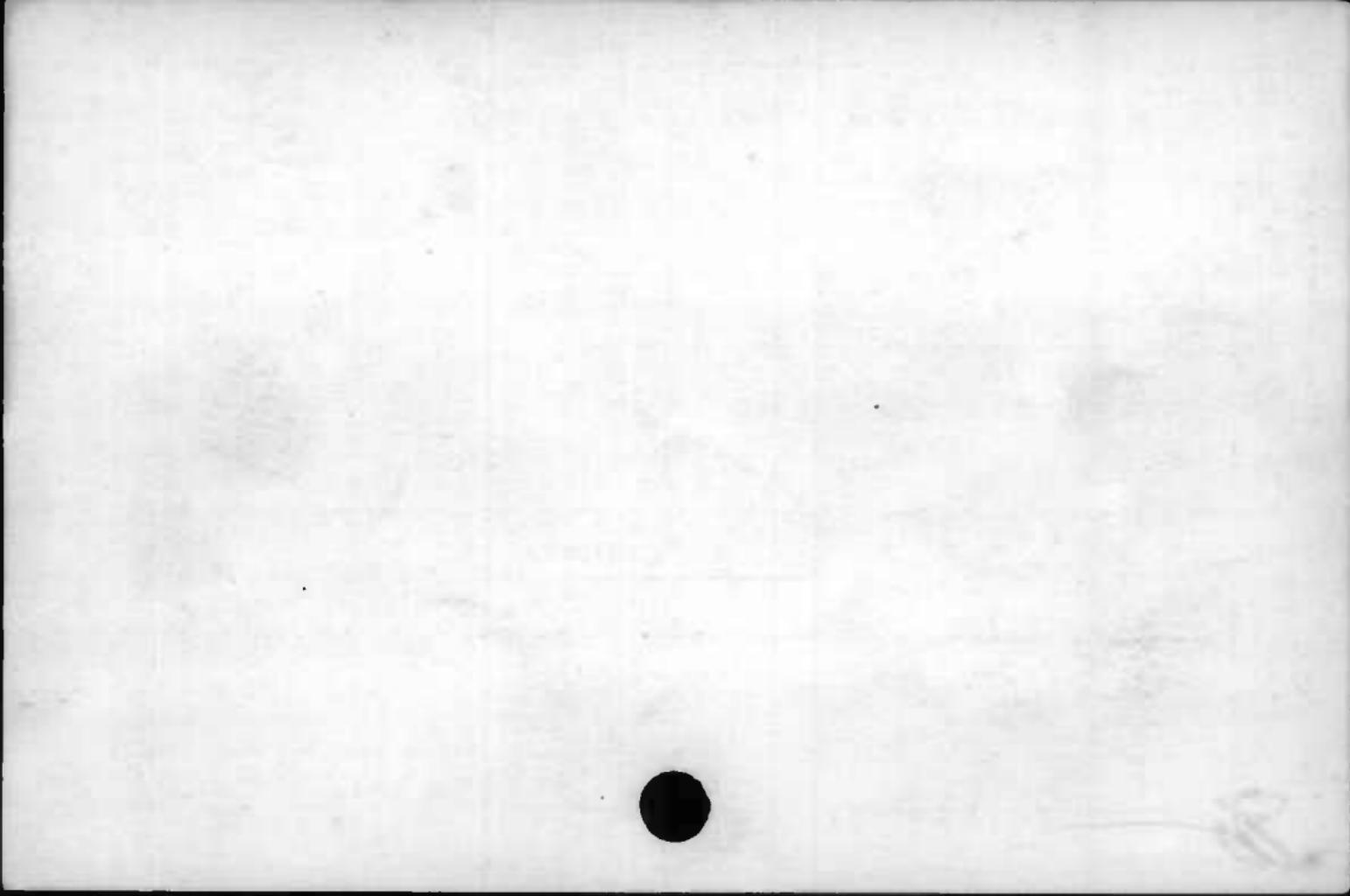
Signature of Physician

Address

**West D. 8 frequent
stomach fits**

8

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>John Hattler</h1>					CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND
Date of death	1906	Month	10	Day	1	Years
Sex	Male	Color or Race	white	Birth-place	Stevensville Md	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Joseph H. O'Soyter			Father's Birthplace	St. Louis	
Mother's Maiden Name	Josephine Hale			Mother's Birthplace	Baltimore Md	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary

Laryngeal Diphtheria (9)
4 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

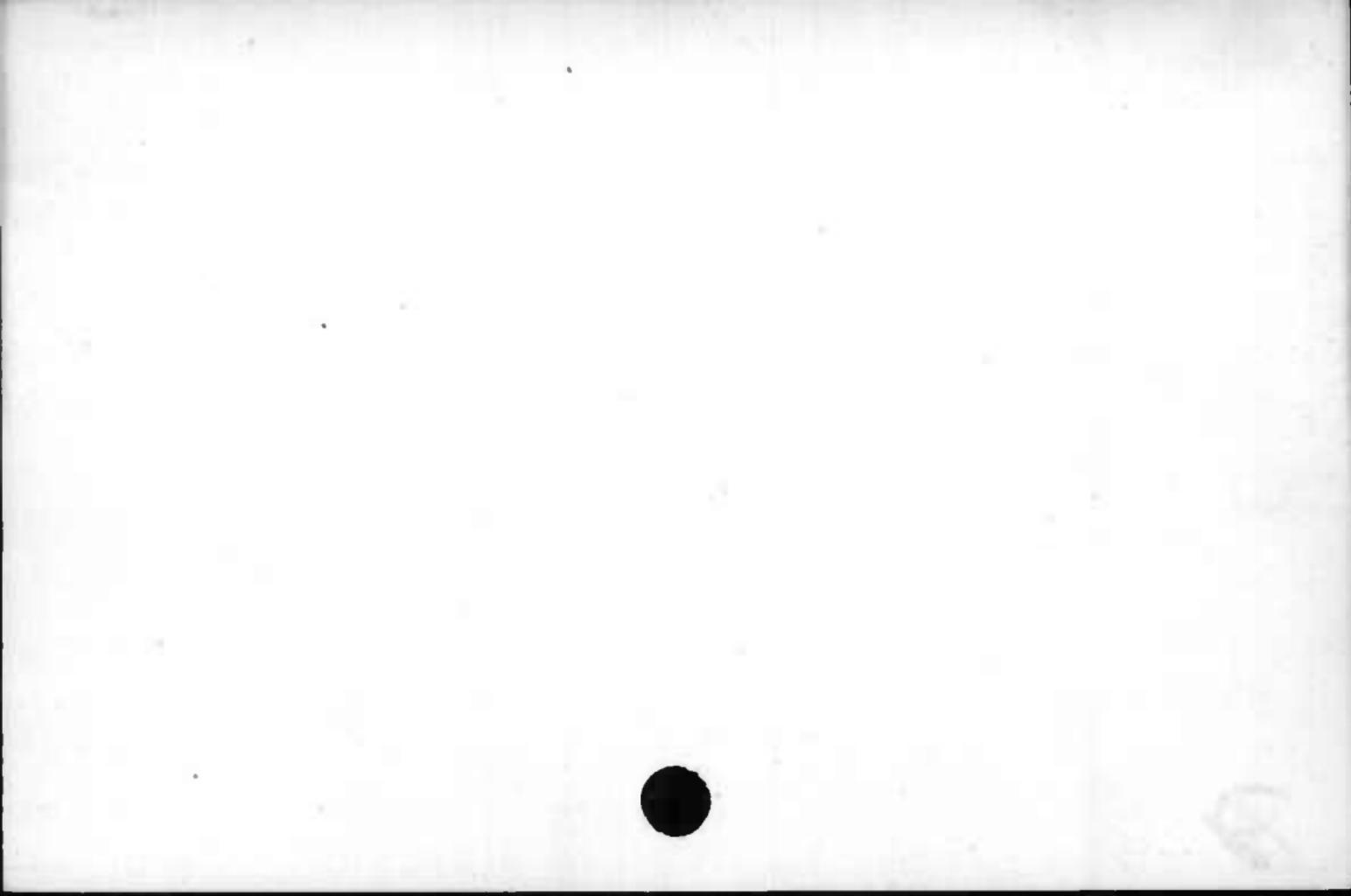
Address

Dr. J. Henry

Stevensville

3rd

Accident or Suicide?



Name
in
Full

Ephraim Hunter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Neenah	Town	Linne	County	Anne Arundel	
Date of death	1906	Month	October	Day	18	Years
Sex	Male	Color or Race	White	Age	61	Months
Occupation	Harmer			Where Residing if not at place of death	Neenah Perry Lanner Hunter	
Married, Single or Widowed	Married	Name of Wife or Husband				
Father's Name	Thomas Hunter			Father's Birthplace	Md.	
Mother's Maiden Name	Mary Ann Lanner			Mother's Birthplace	Md.	
Name of person giving information	Widow			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prostatic enlargement

125
How long
How long

several years

Immediate

Septic infection

several days

Are the name, age, sex, color, date and place correctly given above?

Yes

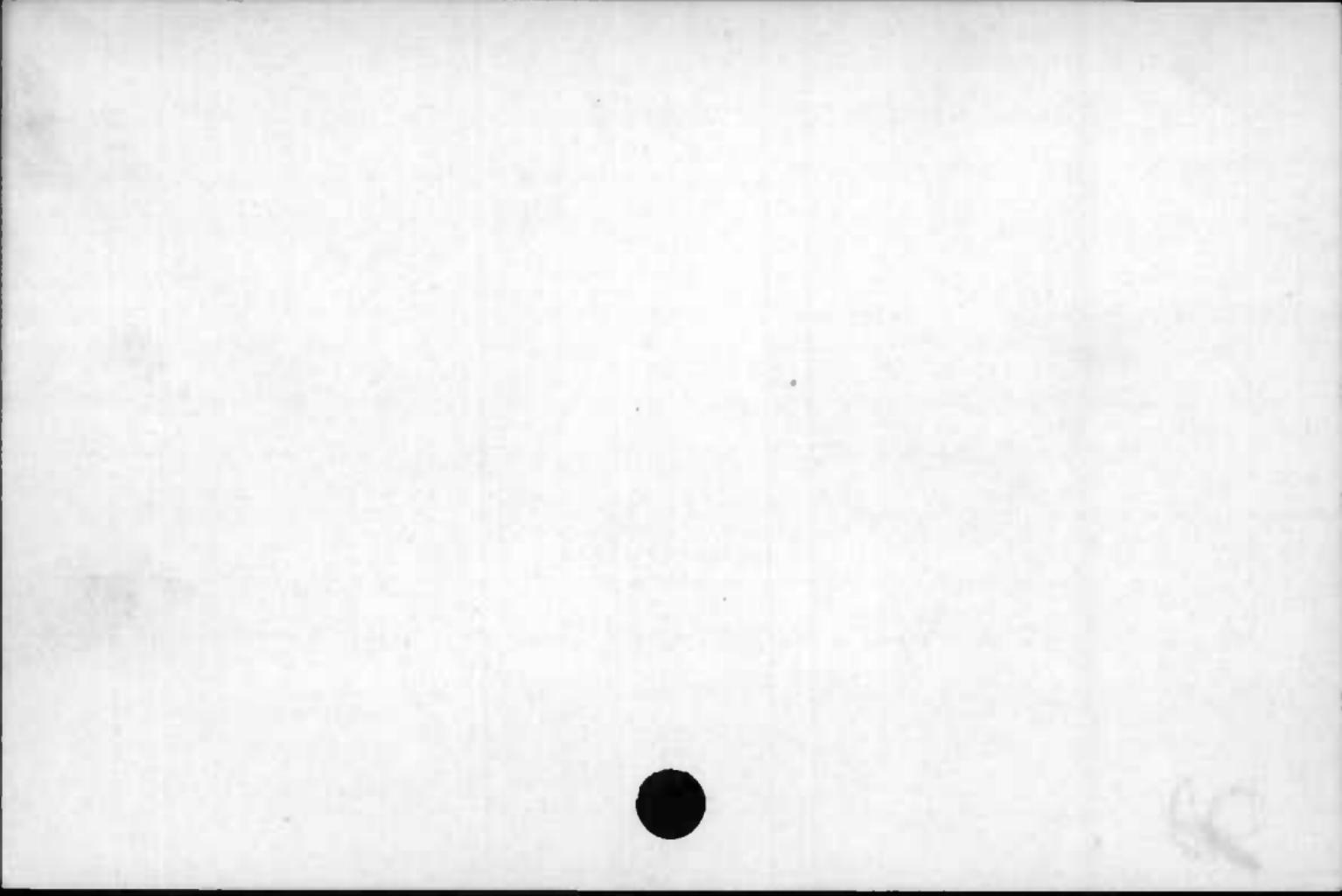
Signature of Physician

Address

Howard R. Hopkins
2 neonatologist
Md.



Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

Died at Centreville		County Queen Anne		MARYLAND	
Date of death 1906	Month October	Day 14	Years 0	Months 0	Days one
Sex male	Color or Race colored	Birth-place Centreville			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Noah H. Moore	Father's Birthplace Faurel, Ork				
Mother's Maiden Name Eliza A. Boise	Mother's Birthplace Concord, Ork.				
Name of person giving Information Chas. Chamberlain	How related to deceased none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congenital weakness**151**How long
How long**one day**

Immediate

"**"**

Are the name, age, sex, color, date and place correctly given above?

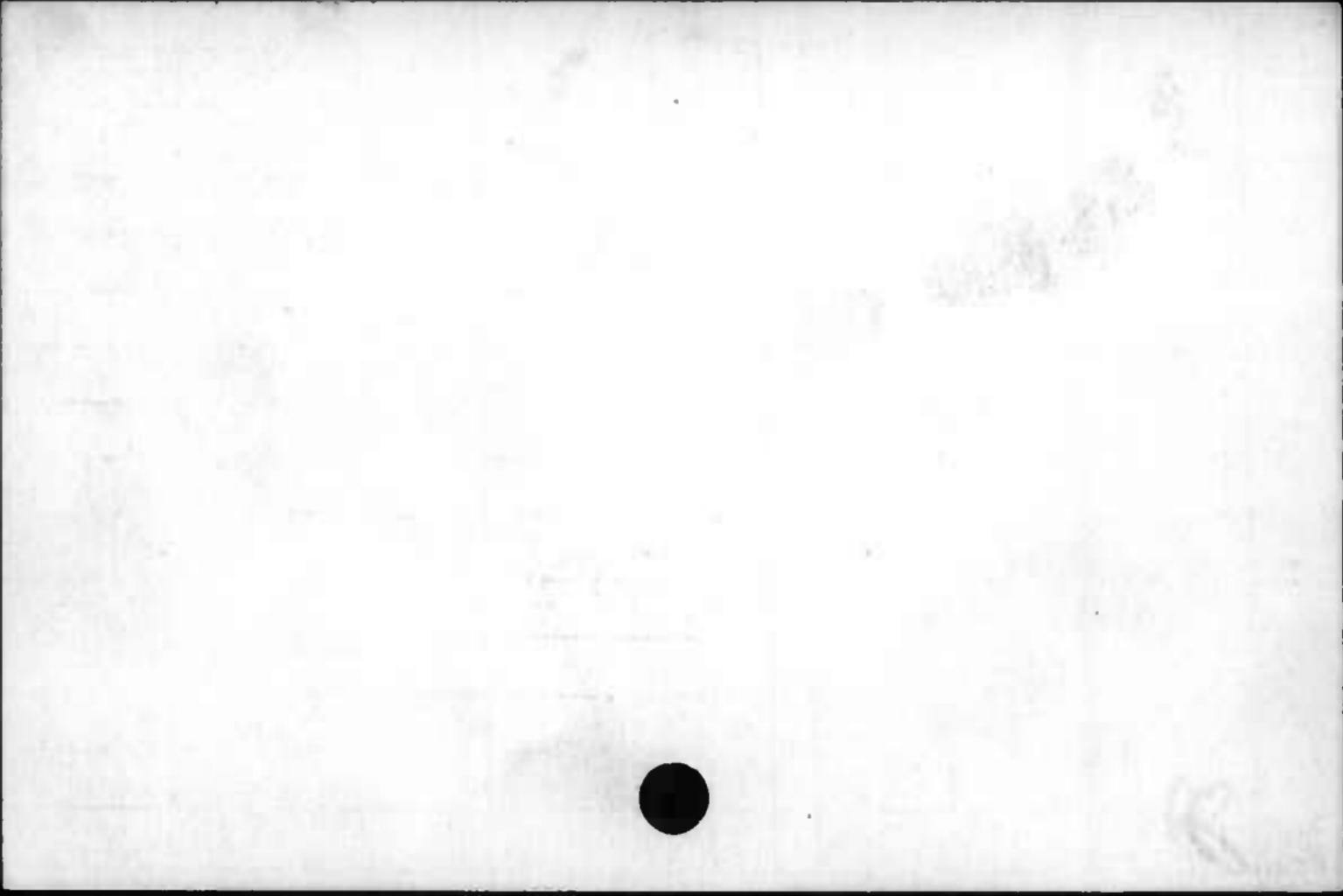
yes.

Signature of Physician

Address

E. F. Smith M.D.**Centreville****Md.**

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death	1906	Month	Oct	Day	31	Years	88	Months		Days
Sex	Male	Color or Race	White	Where Residing if not at place of death		Birth- place				
Occupation										
Married, Single or Widowed	Married	Name of Wife or Husband		Death & cause						
Father's Name	Stephen Davis				Father's Birthplace					
Mother's Maiden Name	Unknown				Mother's Birthplace					
Name of person giving Information	Mrs. Solomon Foyell				How related to deceased		Bedroom -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Necrosis
Inanition

How long

3 mos

Immediate

Are the name, age, sex, color, date
and place correctly given above?

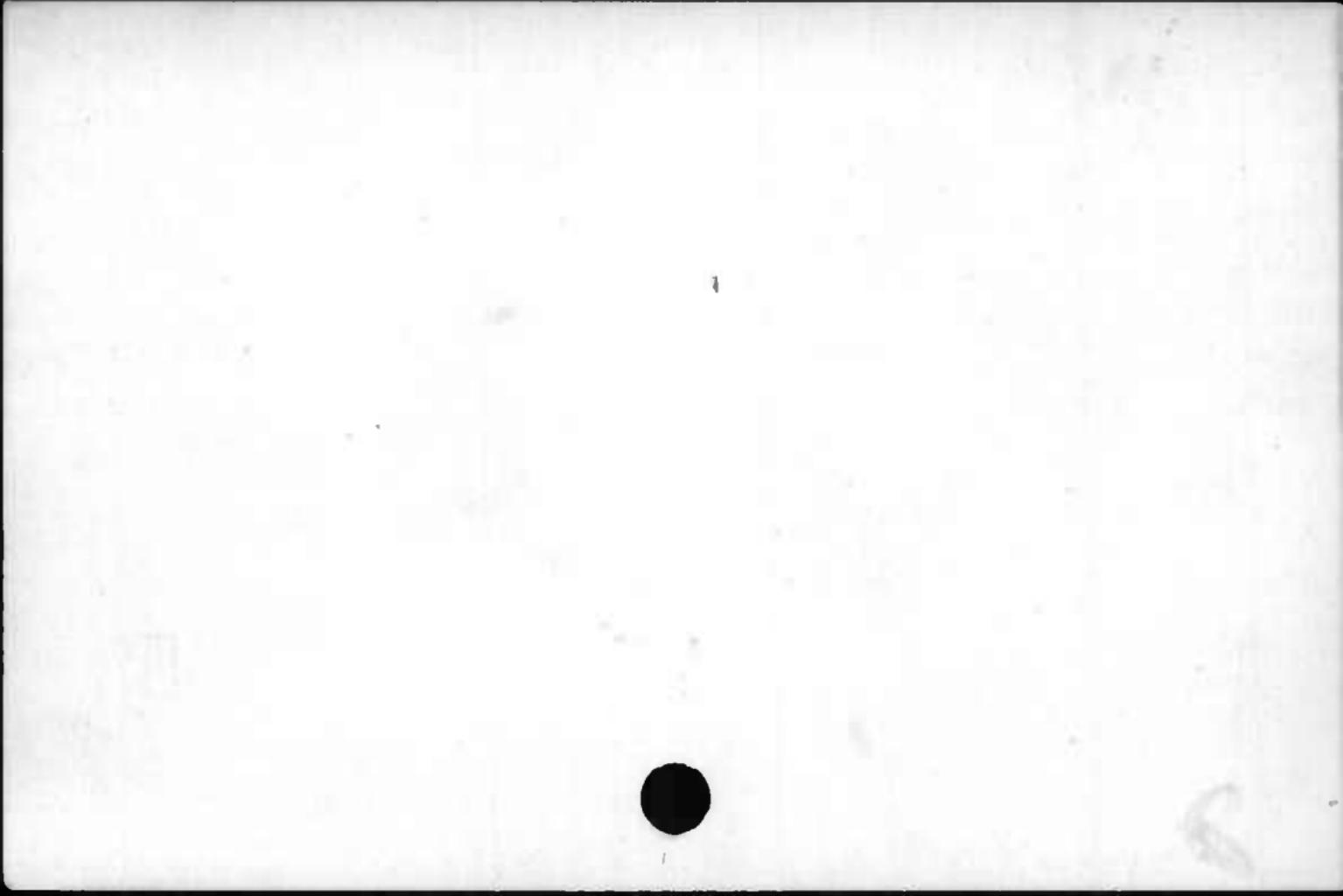
Signature of
Physician

Address

146
Percy Kemp
Stevensville
Md.

J

Accident or Suicide?



Name
in
Full

Thomas Ozmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Baltimore	2. a				
Date of death	1906	Month	10	Day	15	
Age	Years	6	Months	1	Days	23
Sex	male	Color or Race	white	Birth-place	Baltimore	
Occupation	deaf	Where Residing if not at place of death	Place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Geo. F. Ozmon	Father's Birthplace	Baltimore			
Mother's Maiden Name	Muriel Hatherfield	Mother's Birthplace				
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Downing

How long

Sustaining

Immediate

Signature of Physician

Address

172

Are the name, age, sex, color, date and place correctly given above?

yes

Montgomery MD
Baltimore
2. a 100

Accident or Suicide?

Accident



Name
in
Full

Mrs Bessie P. Pinder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death			"	
Married, <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband	Wm Jas Pinder			
Father's Name	— Nelson			Father's Birthplace	Maryland
Mother's Maiden Name	— Reed			Mother's Birthplace	"
Name of person giving information	Mrs Mary Pinder			How related to deceased	Mother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

①

How long

Two weeks

How long

Immediate

Yes

Signature of Physician

Address

Foster Sudler
Sudlersville
Md



Accident or Suicide?



Name
in.
Full

Basic B Rhyans

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wye Mills</u>		Town	County <u>Delaware</u>		MARYLAND		
Date of death <u>1906 Oct.</u>	Month <u>Oct.</u>	Day <u>28</u>	Years <u>17</u>	Age <u>17</u>	Months <u>6</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Linear Ave Co</u>					
Occupation <u>House work</u>	Where Residing if not at place of death <u>Wye Mills</u>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Joshua Rhyans</u>	Father's Birthplace <u>Delaware</u>						
Mother's Maiden Name <u>Elizabeth Griffen</u>	Mother's Birthplace <u>Linear Co</u>						
Name of person giving information <u>Joshua Rhyans</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

Primary Miliary Tuberculosis. (Pulmonary) How long 3 months

Immediate Heart Failure How long one week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

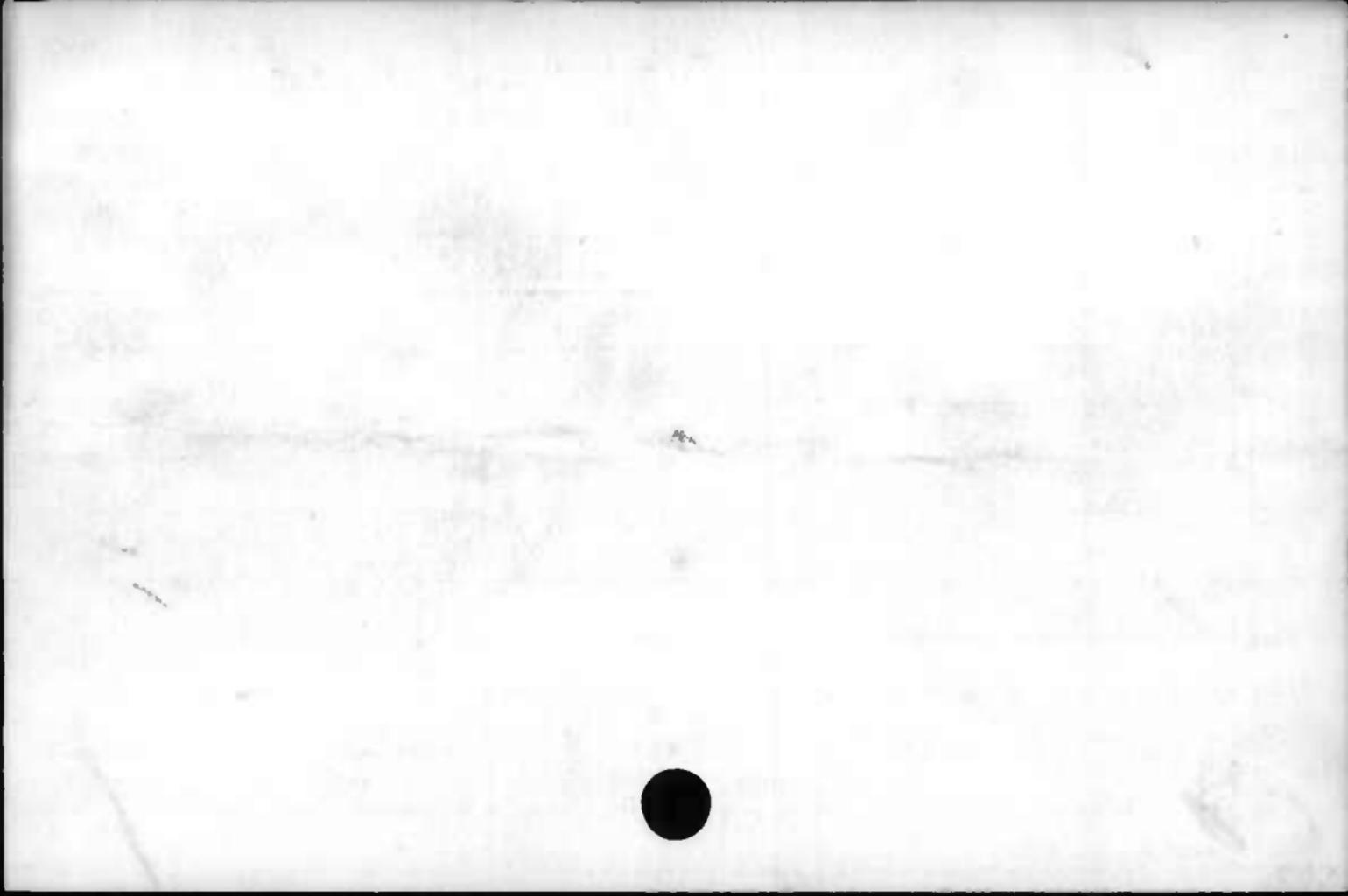
Signature of Physician

Address

J. P. Slack, M.D.
Wye Mills Md.

8

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Saunders.

CERTIFICATE OF DEATH

Died at	Chesapeake	County	Queen Anne	MARYLAND
Date of death	1906	Month	12	Day
Age	90	Years	2	Months
Sex	Male	Color or Race	Blacks	Days
Occupation	Laborer	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sophia	Samuel.
Father's Name	Thos. Saunders.	Father's Birthplace	Not known	
Mother's Maiden Name		Mother's Birthplace		
Name of person giving information	Samuel C. Saunders	How related to deceased	To	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sequelae

154

How long

Immediate

Cardiac failure

How long

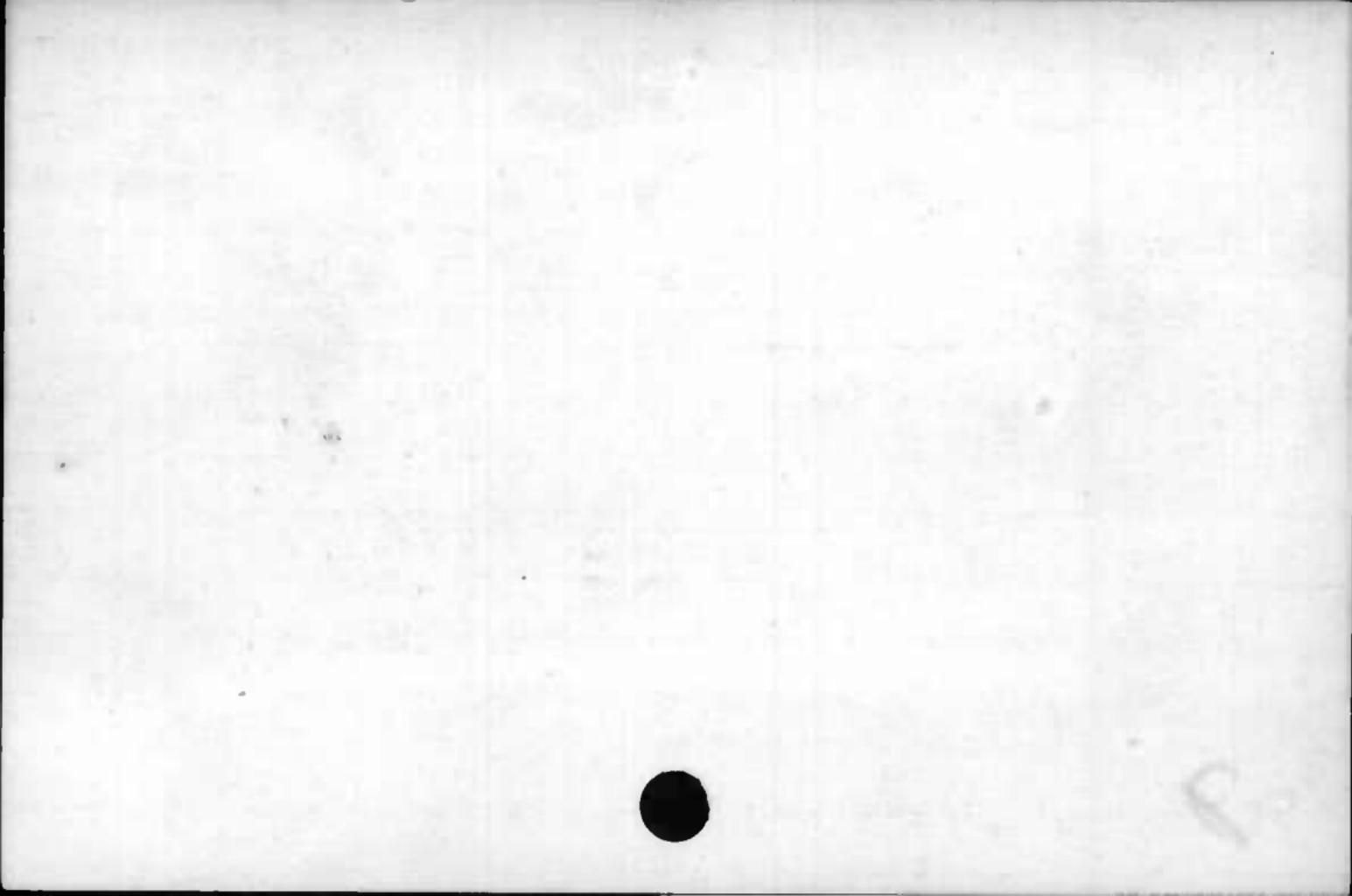
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Other findings
sterus pit
me.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Mrs. Freda Dudley

Died at Row

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at	Row	Town	St. Paul	County	St. Paul	State
Date of death	1906	Month	Oct	Day	16	Years
					Age	51
					Months	3
					Days	

Sex	Female	Color or Race	White	Birth-place	St. Paul, Minn. Co.
-----	--------	---------------	-------	-------------	---------------------

Occupation	House wife	Where Residing if not at place of death
------------	------------	---

Married, Single or Widowed	Married	Name of Wife or Husband
----------------------------	---------	-------------------------

Father's Name	Wm. Holloway	Father's Birthplace	St. Paul, Minn. Co.
---------------	--------------	---------------------	---------------------

Mother's Maiden Name	Mary Bond	Mother's Birthplace	St. Paul, Minn. Co.
----------------------	-----------	---------------------	---------------------

Name of person giving information	Mrs. Robinson	How related to deceased	None
-----------------------------------	---------------	-------------------------	------

CAUSES OF DEATH

Primary	Acute Pneumonitis, tuberculous	How long	6 mos
---------	--------------------------------	----------	-------

Immediate	Exhaustion	How long	1 hr
-----------	------------	----------	------

Are the name, age, sex, color, date and place correctly given above?

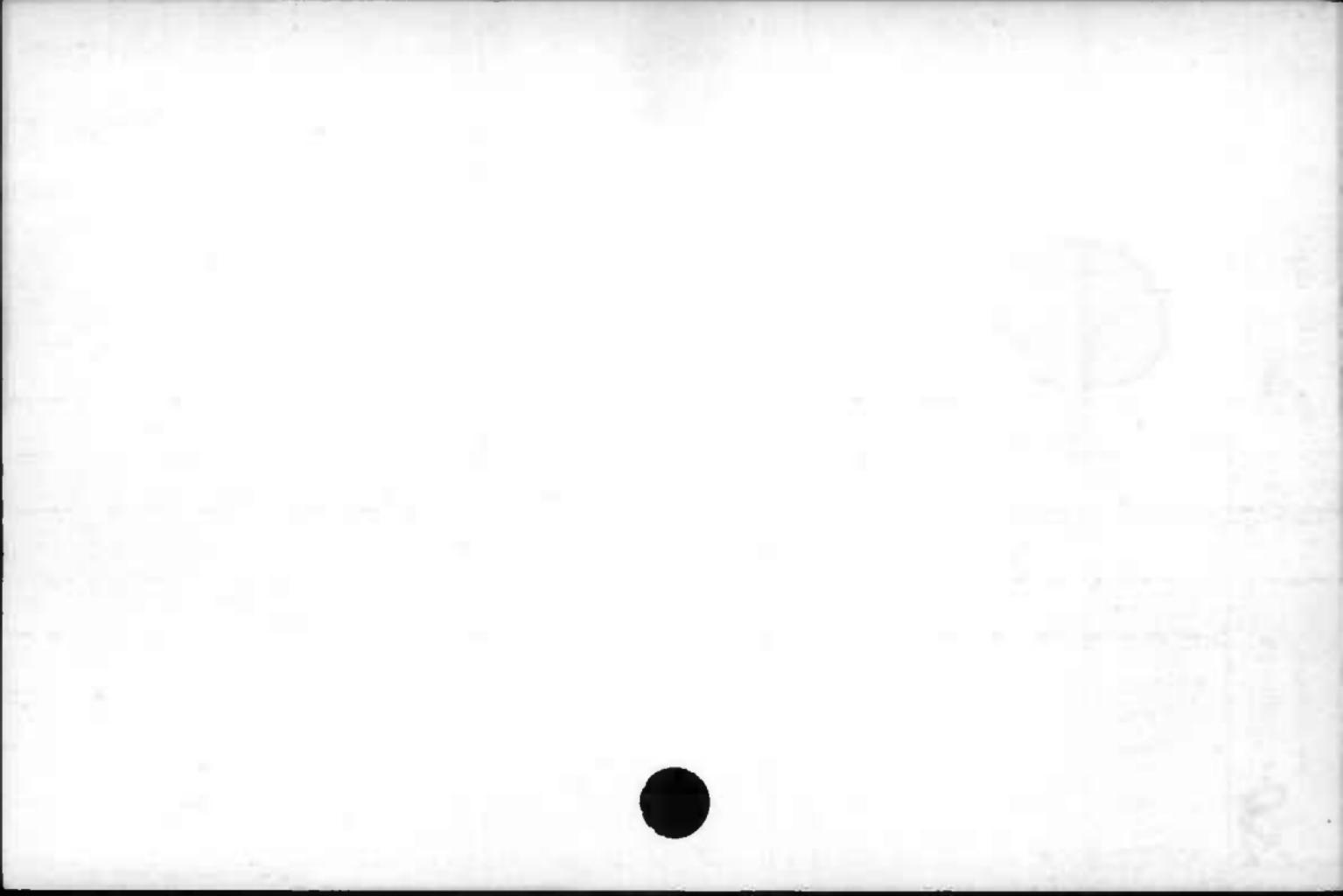
Yes

Signature of Physician

Address

W. S. Dudley
Black & High
Mosswood

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bessie Sealey
Town: Rosedale
County: Queen Anne's Co

MARYLAND

Died at	1906 Oct 18 th	Month Day	Age 19 -	Years Months Days
Date of death	1906	Oct 18 th	19 -	5 -
Sex	Female	Color or Race	White	Birth-place Queen Anne's Co
Occupation	Student	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Queen Anne's Co	
Father's Name	Samuel C. Sealey			
Mother's Maiden Name	Anna H. Tofford			
Name of person giving Information	Samuel C. Sealey (21)			

CAUSES OF DEATH

Primary	Acute Pulmonary Tuberculosis	How long	5 mos
Immediate	Exhaustion	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. H. S. Dudley
		Address	Church Hill Mort. House
Accident or Suicide?		No	



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Near Hards State		County	Maryland		
Date of death	1904	Month Oct	Day 4	Age	Years	Months
Sex	Sex	Color or Race	White		Birth-place	Days
Occupation	Infant		Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Bastard				Father's Birthplace	
Mother's Maiden Name	Annie Seymour				Mother's Birthplace	2. Annes loc
Name of person giving information	J. Medford Loring				How related to deceased	None

CAUSES OF DEATH

(5)

Primary	Bottle fed food unassimilated	How long	Three weeks
---------	-------------------------------	----------	-------------

Immediate	Inanition	How long	
-----------	-----------	----------	--

Are the name, age, sex, color, date and place correctly given above?

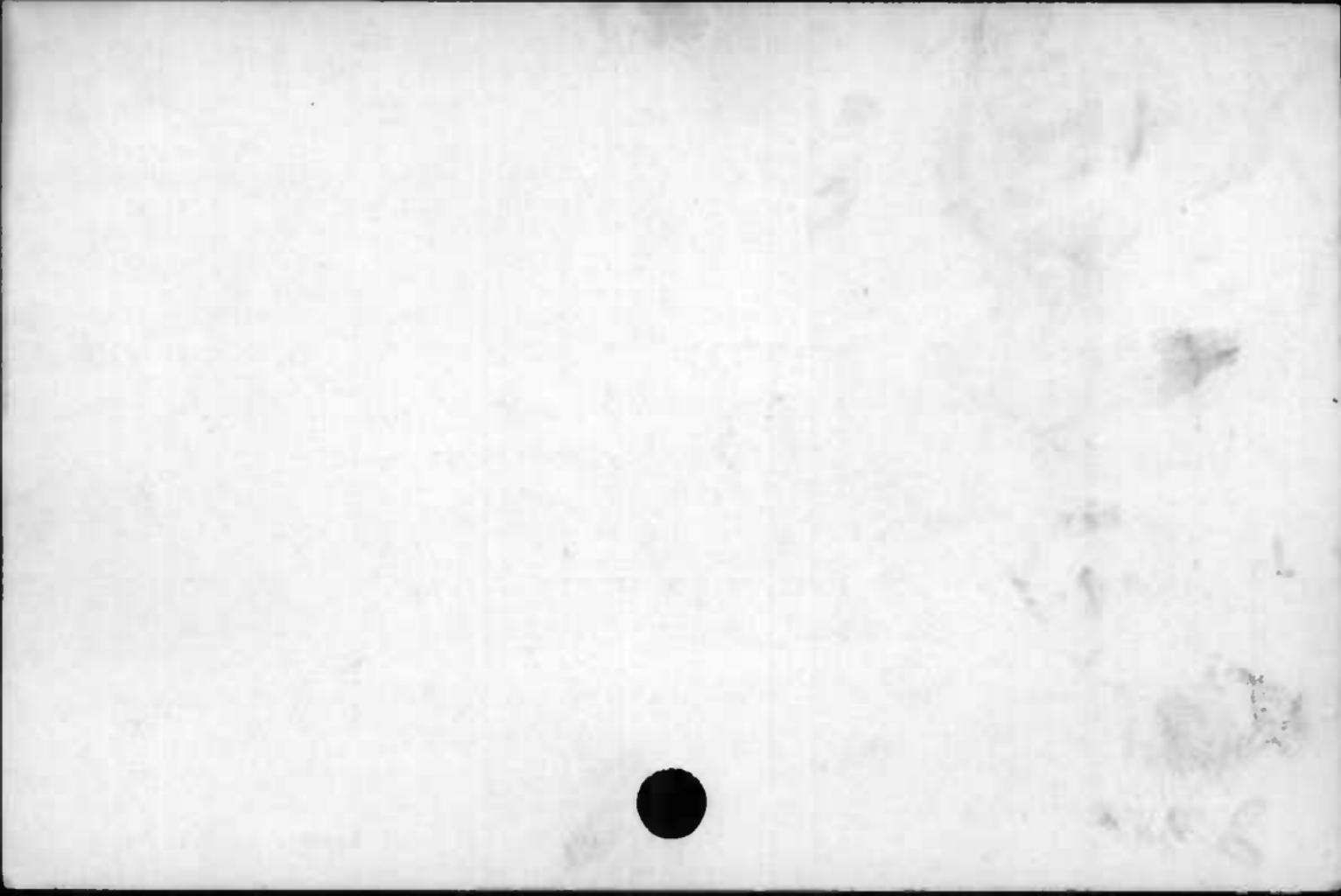
Yes

Signature of Physician

Address

Howard R. Hopkins
Lorenzontown
Md.

Accident or Suicide?



Name
In
Full

Charles S Spencer

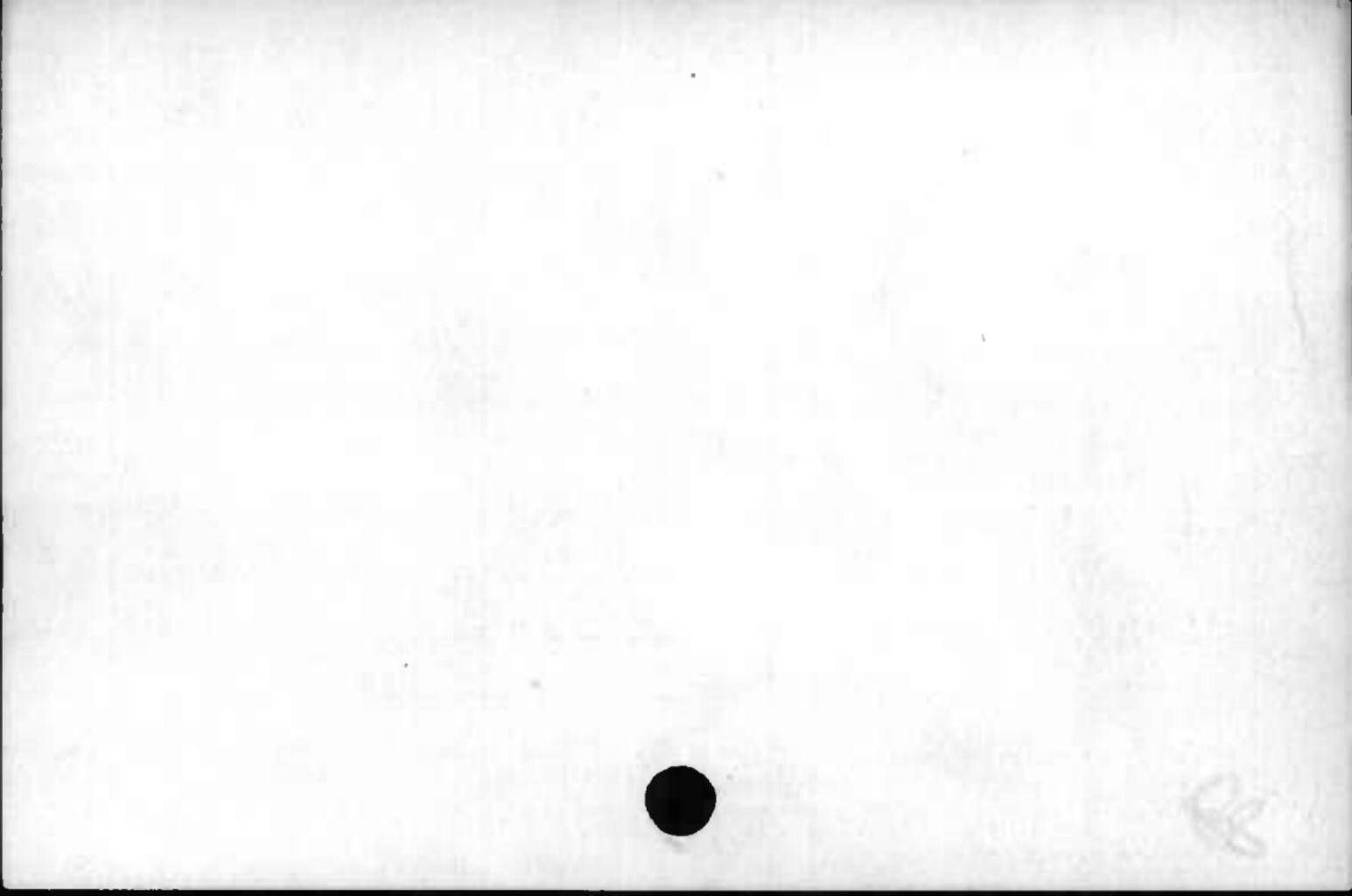
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Stevensville		Queen Anne's		
Date of death	Month	Day	Years	Months Days
1906	Oct	18	72	2
Sex	Male	Color or Race	White	Spencer Hall Talbot Co. Md
Occupation	Minister	Where Residing if not at place of death		
Married, S. & W.	Name of Wife		Clara Junkins	
Father's Name	Matthew Spencer		Spencer Hall Talbot Co. Md	
Mother's Maiden Name	Elizabeth A. Skinner		Talbot Co. Md	
Name of person giving information	Luna C. Edsall		How related to deceased	
			Niece	

CAUSES OF DEATH

Primary	Organic Heart Disease	19	How long	3 yrs
Immediate	Paralysis	19	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. Gray Kemp	
		Address	Stepensburg, Md	
Accident or Suicide?				



Name
In
Full

Millard A Summers

10/17/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

8	Died at <u>New York Island</u>		Town <u>Ia</u> County <u>Ia</u>		MARYLAND	
	Date of death <u>1906</u>	Month <u>10</u>	Day <u>6</u>	Age <u>34</u>	Years	Months
	Sex <u>male</u>	Color or Race <u>white</u>		Birthplace <u>Baltimore</u>		
	Occupation <u>Oysterman</u>	Where Residing if not et place of death <u>Winchester Md</u>				
	Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Laura A Burroughs</u>				
	Father's Name <u>Jolice S Summers</u>	Father's Birthplace <u>Talbot Co Md</u>				
	Mother's Maiden Name <u>Annie M Field</u>	Mother's Birthplace <u>Baltimore</u>				
	Name of person giving information <u>Annie M Magee</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

172

How long

Immediate

Drowning

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

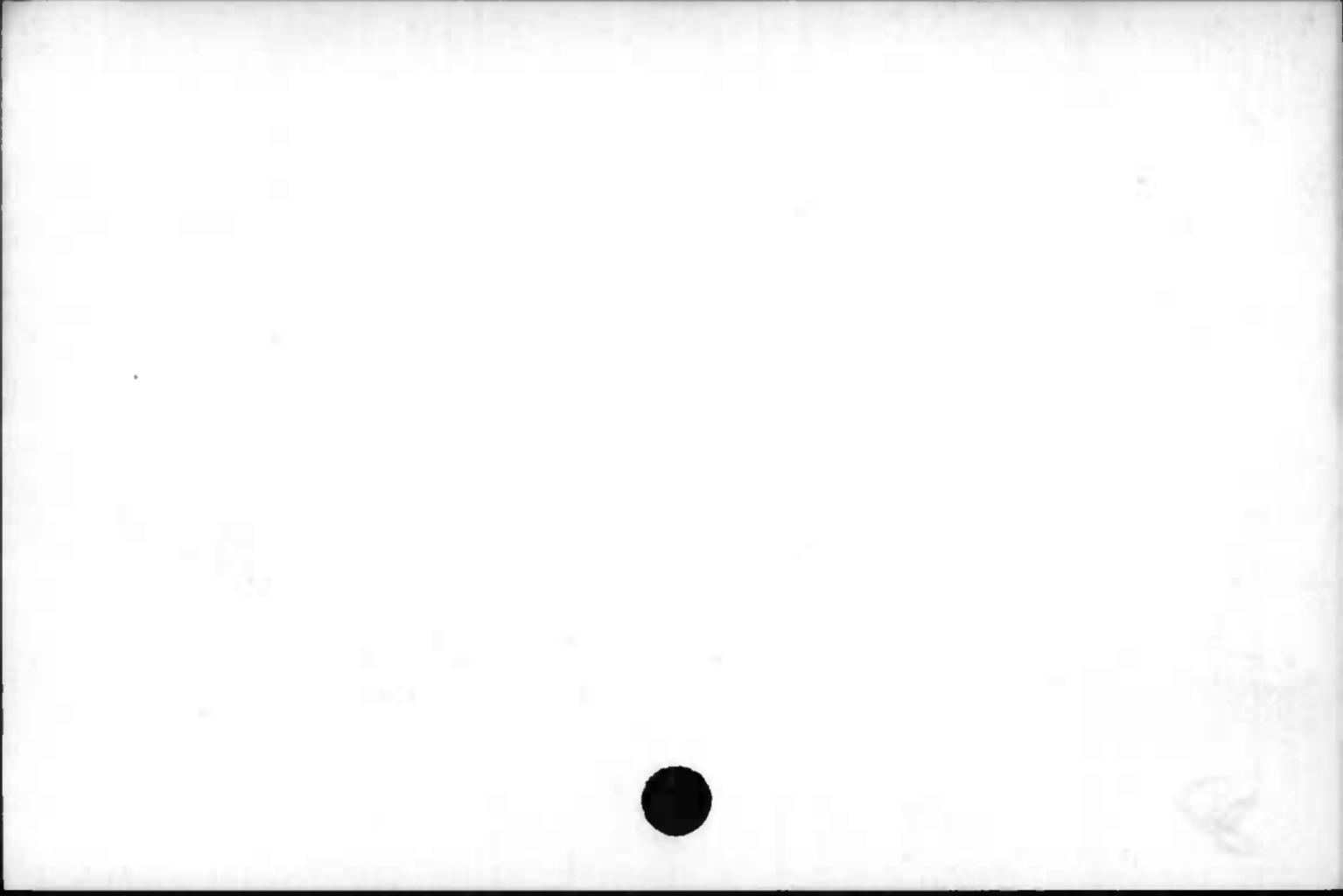
yes

Signature of
Physician

Wm. J. Henry
Stevensville
Md

Accident or Suicide?

accidental
yes



Name
in
Full

Walter Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth- place	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name	John Walker			md	
Mother's Maiden Name	Anne Bradford				mt
Name of person giving Information	Father		93		

CAUSES OF DEATH

Primary	malnutrition	How long	month
Immediate	starvation	How long	7 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Walter Walker
		Address	Anteville
Accident or Suicide?			



Name
in
Full

Gilbert Dennis Walls

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
	Crumpton		Queen Anne		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	10 th	16	8 4	"	19	
Sex	Male	Color or Race	white	Birth- place	Crumpton Md	
Occupation	at home			Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Joshua Walls			Father's Birthplace	Md	
Mother's Maiden Name	Ella N Godwin			Mother's Birthplace	Md	
Name of person giving Information	F. N. Sheppard			How related to deceased	not related	

CAUSES OF DEATH

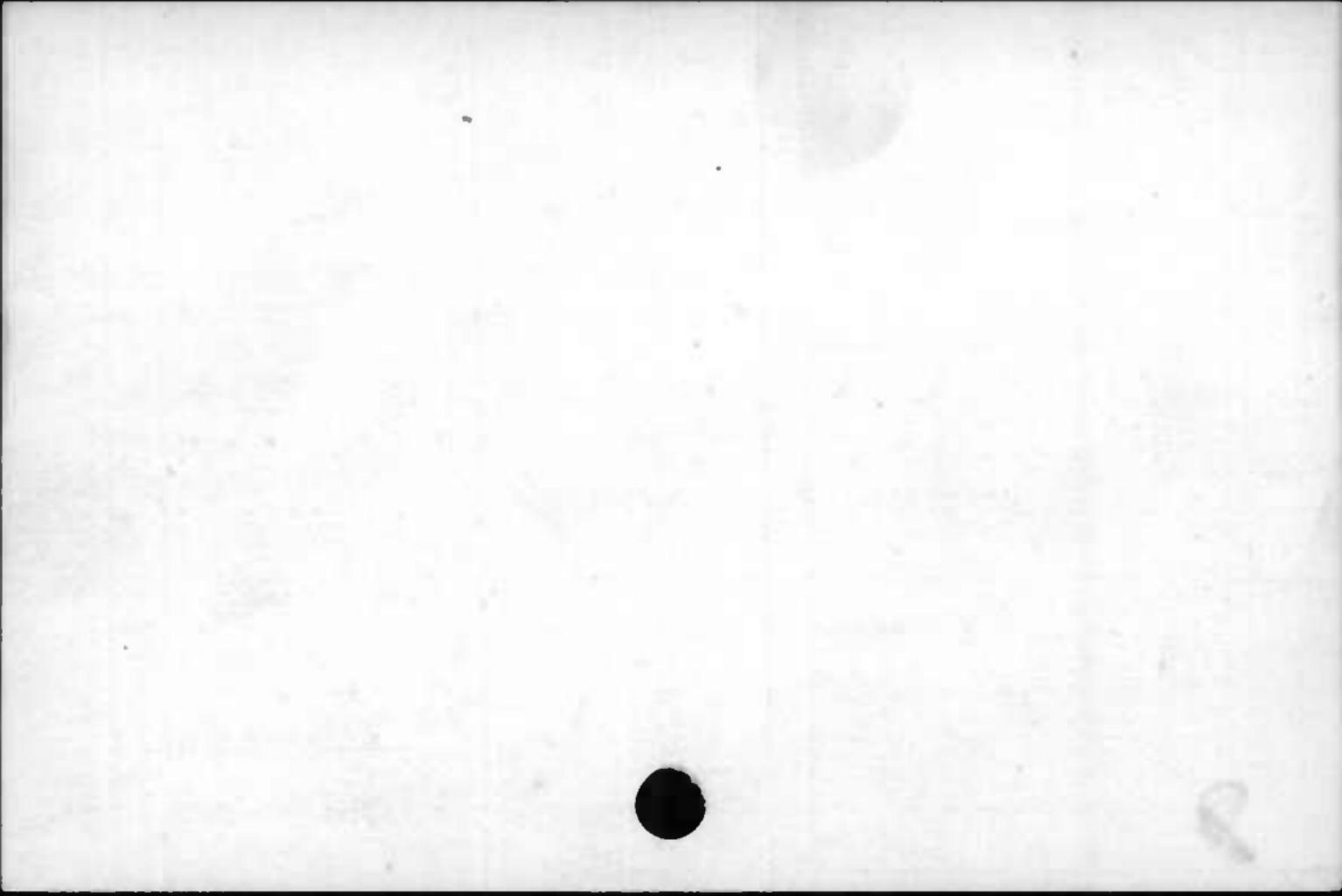
PHYSICIAN
OR CORONER

Primary	Scarlet Fever	①	How long
Immediate	Scarlet Fever		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. N. Sheppard
		Address	Crumpton Md
8			
Accident or Suicide?			



Rosa B. Walls					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Oct.	9	Age	1	14	
Sex	Female	Color or Race	white	Birth-place	Near Centre	
Occupation	none	Where Residing if not at place of death			Near Centreville	
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Bonson E. Walls			Father's Birthplace	S. A. Co.	
Mother's Maiden Name	Golda B. Simpson			Mother's Birthplace	S. A. Co.	
Name of person giving information	Bonson E. Walls			How related to deceased	Father	

CAUSES OF DEATH	
Primary	Rsm. brsch (51) malnutrition
Immediate	How long from fresh
Are the name, age, sex, color, date and place correctly given above?	
Yes	Signature of Physician Address
8	Dr. G. W. Gray Centreville
Accident or Suicide?	



Sarah D. Williams		County	
Died at Bearsville		D. A. 80.	
Date of death	Month	Day	Years
1906	Oct	19	—
Sex	Female	Color or Race	Black
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	S. Williams		
Mother's Maiden Name	Harriet Little		
Name of person giving Information	Harriet Grinnell		
Father's Birthplace			
Mother's Birthplace			
How related to deceased			
Name			

CAUSES OF DEATH

Primary

Sovt surt (7) 7 days

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

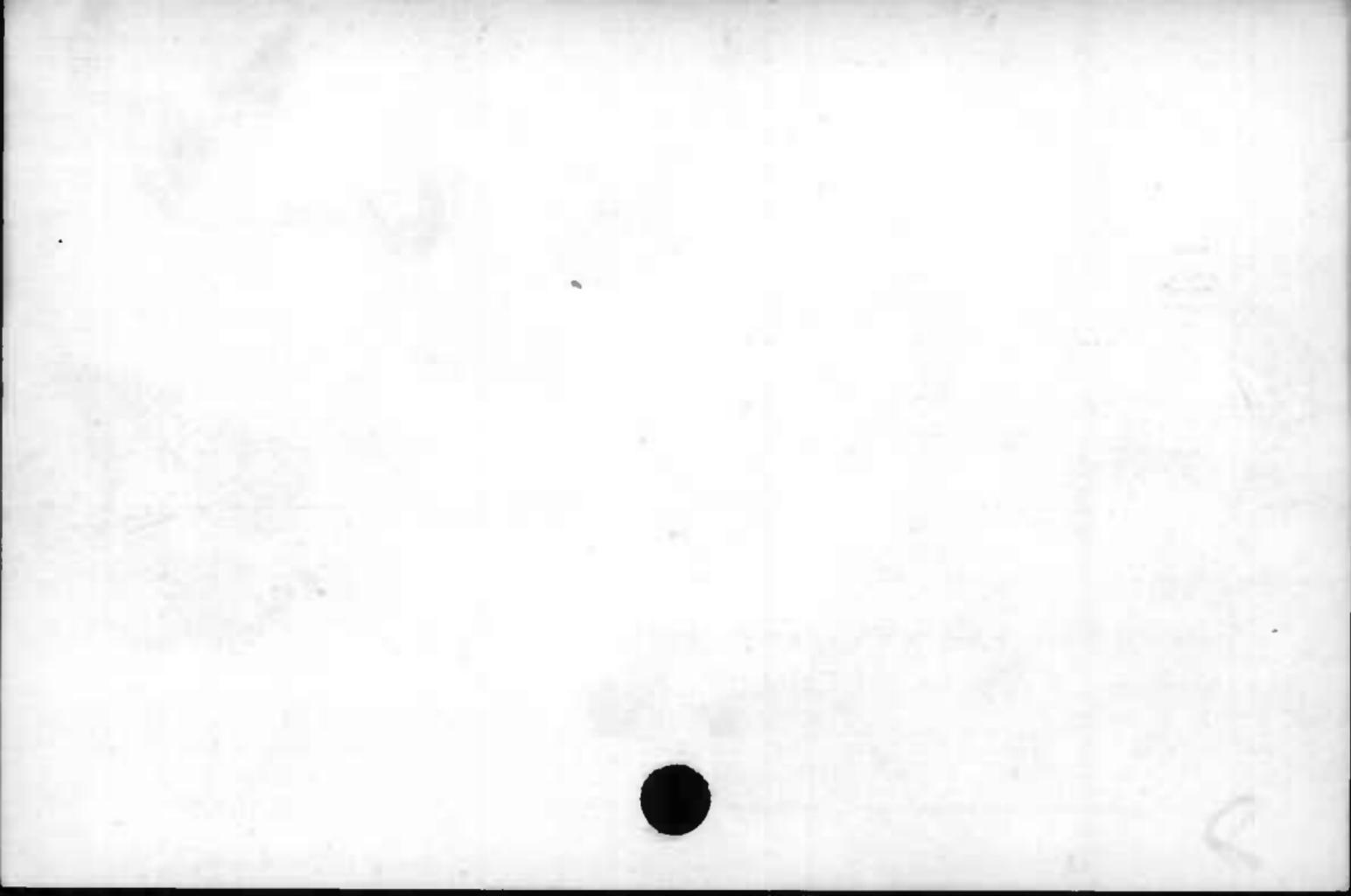
Yes.

Signature of Physician

Address

H. Grinnell &
Bearsville, W. Va.
supt. P. H. Dawson

Accident or Suicide?



Name
in
Full

Elijah Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Died at	Goultown	Towson Co				
Date of death	1906	Month	10	Day	30	Years
Age	79	Months	—	Days	—	
Sex	Male	Color or Race	Negro	Birth-place	Md.	
Occupation	Laborer			Where Residing if not at place of death	—	
Married, Single or Widowed	Widower	Name of Wife or Husband	Elijah Truxson	Father's Birthplace	—	
Father's Name	Elijah Wilson			Mother's Birthplace	—	
Mother's Maiden Name	—			How related to deceased	Son	
Name of person giving Information	W. J. Wilson					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

154

How long 2 or 3 yrs

Immediate

Encephalitis

How long 2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Krawdon
Belleville
Towson Co.

Accident or Suicide?

no

